10th Geneva Conference on Person-Centered Medicine
WHO's contributions to people-centered healthy lives: reflections on the decade

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Key issues to discuss:

1. Conceptual framework of healthy and equitable lives (the SDH)
2. Historical perspectives and WHO contributions
3. Possible ways ahead on PCM and people's centered public health

24.05.17
1. Conceptual framework of healthy and equitable lives, the SDH (referred in PCM as "the social context")
Commission on SDH: what are the causes of the causes of health inequity?

SOCIOECONOMIC POLITICAL CONTEXT

- Governance
- Macroeconomic Policies
  - Labour
  - Market structure
- Social Policies
  - Labour, Housing, Land
- Public Policies
  - Health, Education, Social protection
- Culture and Societal Values

STRUCTURAL DETERMINANTS

SOCIAL DETERMINANTS OF HEALTH INEQUITIES

Health care system is one…but important SDH

2. Historical perspectives and WHO contributions

• Born with humanity: Eg. Indigenous Peoples holistic views of life, health and Medicine

• 24.05.17
“Medicine is a social science and politics is nothing else but medicine on a large scale”

Rudolf Virchow (1821-1902).
WHO contributions: 1. CONSTITUTION OF THE WORLD HEALTH ORGANIZATION (1948)

• THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

• Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

• The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

• The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

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WHO contributions 2: Declaration of Alma-Ata, 1978
International Conference on Primary Health Care,

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

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- Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.
The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.
WHO's Primary Health Care Strategy (Renewed): WHR 2008
A. What do we talk about when we talk about PHC?

• Mobilization of all forces in society – health professionals, government, lay people, institutions and civil society – around an agenda to transform health and societal systems, driven by the values of equity, solidarity, social justice and participation

• The PHC movement puts particular emphasis on four areas of strategic importance to deal with current and future challenges to health:
  – addressing health inequalities
  – people-centered care
  – better public policies
  – stronger leadership
2. **Service delivery reforms** – *shifting to primary care*

- Putting people first: four features of good care
  - Person-centeredness
  - Comprehensiveness and integration
  - Continuity of care (*prevention, promotion, curative, rehabilitation and palliative*)
  - Participation of patients, families and communities

Equity & Gradient
Rio Political declaration
To be endorsed by all Member States in a Resolution in next Month's World Health Assembly
12.2 We pledge to:

(i) Promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through enhancing access to information, access to justice and public participation;

(ii) Empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation for the public interest in decision-making;
WHO contributions 4: Health Promotion

- Ottawa charter of Health Promotion
- From Ottawa to Shanghai
- Convergence of SDH and Health promotion
3. Possible ways ahead on PCM and people's centered public health (PCPH)

• Both approaches share history, conceptual framework and ideology
• PCM naturally focuses on individual health and deserved care; PCPH on public, societal health, policies and systems
• However both not only complementary but inherently linked
• Huge opportunities to advance both within Sustainable Development Goals framework
• Decade: full of accomplishments in both fronts
• Current inequitable health, socially & politically regressive times DEMAND more strategic efforts
• Developing further a PCM movement aiming at PC care; but ensuring conducive "social context" (SDH, PHC/UHC, Health Promotion)
• WHO fulfilling its historical, constitutional role
THANKS!!!